BY ORDER OF THE COMMANDER
36TH WING (PACAF)

36TH WING INSTRUCTION 44-109

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Medical

COMMAND DIRECTED EVALUATIONS

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This instruction implements AFI 44-109, *Mental Health, Confidentiality, and Military Law*. This publication establishes policies and procedures for conducting Commander Directed Mental Health Evaluations (CDEs) within the Mental Health (MH) Flight in support of the 36th Wing. DoD Directive 7050.6 prohibits the referral and/or use of CDE evaluations in reprisal against whistleblowers for disclosures protected by Public Law 102-484. This publication applies to all units and staff agencies operating on Andersen AFB. This publication does not apply to Air Force Reserve Command (AFRC) Units. This publication requires collection and maintenance of information protected by the Privacy Act of 1974. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847s from the field through the appropriate functional chain of command.

1. Applicability and Scope

1.1. This operating instruction applies to all MH Flight personnel involved in MH evaluations, as well as identifying procedures for military Commanders and active duty service members of all branches of the Armed Forces involved in the CDE process while assigned and/or attached to Andersen AFB, Guam.

2. Request for CDE

2.1. When a Commander on G-series orders determines it is necessary to refer a member for a MH evaluation (e.g., fitness for duty, safety concerns, or significant changes in performance or mental state), the Commander shall first consult with a qualified Mental Health Professional (MHP) as described in AFI 44-109, *Mental Health, Confidentiality, and Military Law*, to discuss actions and/or behaviors that the Commander believes may warrant a CDE.

2.1.1. The MHP will evaluate the reasons for the request and either concur with the reasons or will recommend alternative options. The MHP has the responsibility to ensure that the evaluation is requested appropriately (IAW DoDD 6490.1, DoDI 6490.4 and AFI 44-109) and does not appear to have a retributive motive. Should the latter appear to be the case, the professional is obligated to provide notification through his/her chain of command.

2.1.2. The basis of a CDE request is observed behaviors that may indicate that the member has an impaired mental state or functioning based on a mental condition.

2.1.3. The MHP will initiate a CDE checklist upon initial contact with the Commander and enter information about the request into the electronic CDE tracking log.

2.1.4. The MHP will ensure that the member's Commander had obtained the Medical Treatment Facility (MTF) Commander's approval for the CDE.

2.1.5. If a CDE request is approved, the Commander will be provided with a date and time for the evaluation and the name of the doctoral-level provider who will be conducting the evaluation. A copy of the *Andersen AFB Commander's Guide to Conducting CDEs* will also be offered which includes a sample notification memorandum.

2.2. All communication between MHP and Commander will be documented.

3. Commander Responsibilities

3.1. The member's Commander on G-series orders will forward the "Request for Mental Health Evaluation of Active Duty Personnel." If this request is not received by the MHP prior to the evaluation, then the evaluation may be rescheduled. The Commander is encouraged to also provide the MHP with any pertinent personnel records which provide evidence of performance or adjustment problems (e.g., LOR, LOC, MFR, EPR/OPR, etc.).

3.2. Provide the member with a written notice of referral a minimum of two (2) duty days prior to the scheduled routine CDE to ensure the member has the ability to consult with an ADC before the eval. The two (2) day advance requirement may be waived in cases of emergency; per section 5.1. below. A copy of the notification shall also be forwarded to the MHP. The MHP will obtain final approval for CDE by the MTF Commander (written for routine CDE and a minimum of a verbal for emergency CDE). If this documentation is not received by the MHP prior to the evaluation, then the evaluation may be rescheduled. The notice shall, at a minimum, include the following:

3.2.1. The place, date and time the CDE is scheduled; the name and rank (if active duty) of the doctoral-level provider who will be conducting the evaluation.

3.2.2. A brief factual description of the behaviors and/or verbal expressions that caused the Commander to determine that a CDE is necessary.

3.2.3. The name or names of the MHP with whom the Commander has consulted before making the referral. If a consultation with a MH provider was not possible, the memorandum shall state the reason(s) why.

3.2.4. The positions and telephone numbers of authorities, including attorneys and IGs, who can assist a member who wishes to question the referral.

3.2.5. The name and signature of the Commander.

3.2.6. Notification of the member's rights under Public Law 102-484 (1992), Section 546 (reference (b)) "National Defense Authorization Act for Fiscal Year 1993".

3.2.7. The member's signature attesting to having received the notice as described above. If the member refuses to sign the attestation, the Commander shall so indicate on the referral letter.

4. Mental Health Clinic Process

4.1. The CDE process typically involves one to three appointments (or more if clinically necessary): an initial provider interview, and/or psychological testing, and/or a follow-up provider interview(s). Prior to the member beginning psychological testing or the clinical interview, the front office technicians will provide a copy of the Information to Directed Evaluees (consent form) to the member to further ensure the member's rights are preserved and that the member understands they are being evaluated at the direction of the commander.

4.2. During the initial evaluation, the MHP shall ensure that the service member is advised of the purpose, nature, and likely consequences of the evaluation (i.e., potential career implications), as well as limits regarding confidentiality. The MHP will review the Commander's request with the member and answer any questions that the member may have.

4.3. When possible, efforts will be made to avoid dual relationships. When a MHP performs both evaluative and therapeutic roles, the possible conflicts of loyalties should be clearly explained to the service member.

4.4. Psychological Testing: The extent and necessity of the formal psychological testing will be at the discretion of the MHP. Tests will be administered and scored by a MH technician, and reviewed/interpreted by a clinical psychologist.

4.5. Additional information, including previous medical and MH records, laboratory and radiological studies as appropriate, contacts with supervisors, information on recent changes in performance or behavior, as well as data such as time on station and administrative actions taken by the unit to remediate behavior, visits to squadrons, reviews of OPRs/EPRs and member's Personal Information File, etc., will be conducted/reviewed at the discretion of the MHP and contingent upon availability. Collateral interviews with co-workers, family members, and friends will be conducted upon obtaining appropriate consent. All information used for the purposes of evaluation will be documented in the MH record.

4.6. Follow-up Interview: The results of the evaluation, psychological testing results, diagnosis, and recommendations will be discussed with the member and documented in the MH and outpatient medical record (AHLTA).

4.7. The results of the evaluation will be conveyed verbally to the Commander as soon as possible, and a written report shall be made available to the Commander within one (1) duty day following completion of CDE. This report should include the following:

4.7.1. A description of the significant or contributory MH findings (if any) from the interview with the referred service member, including significant past MH history, current or previous psychotropic medications, substance use/abuse, or contributory medical/physical conditions or diagnoses.

4.7.2. A report on mental status, to include detailed information pertinent to the request for evaluation.

4.7.3. Results of psychological testing, laboratory studies, etc., as indicated.

4.7.4. Diagnoses using DSM IV-TR Axis I, II, and III codes/criteria.

4.7.5. Recommendations based on the results of the CDE should be clear, concise, and practical, to allow the Commander to act in the best interest of the referred service member and his or her unit, as well as the military service.

4.7.5.1. When administrative separation is recommended based on a character and behavior disorder, the report should reflect the examiner's opinion as to how this disorder has or is expected to interfere with duty performance or adjustment to the military. The evaluation should state a finding "that the disorder is so severe that the member's ability to function in the military environment is significantly impaired" IAW AFI 36-3206, *Administrative Discharge procedures for Commissioned Officers*, and AFI 36-3208, *Administrative Separation of Airmen*.

4.7.5.2. In those cases when administrative separation is recommended based on a personality disorder and a pattern of potentially dangerous behavior, that recommendation shall be co-signed by the MTF Commander. The report to the member’s Commander will note that should the member’s Commander decline to follow this recommendation, then he/she must forward a memorandum to his/her commanding officer, explaining the decision to retain the member against medical advice.

4.7.5.2.1. When administrative separation based on a personality disorder is recommended for Airmen who are currently serving or who have served in an imminent danger pay area, the diagnosis will specifically address Post Traumatic Stress Disorder (PTSD) or other illness/co-morbidity. Separation under this provision will not be initiated if there is a diagnosis of service-related PTSD, unless the Airman is subsequently found unfit for duty under the disability evaluation system IAW AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation*. The recommendation for discharge first will be made by a psychiatrist or clinical psychologist, the appropriateness of which will be then discussed with the Airman’s Commander IAW AFI 36-3208. If the discharge is consequently considered appropriate by the Airman’s Commander, the MTF will forward the diagnosis with supporting documentation through appropriate channels for corroboration by a peer- or higher-level MHP and endorsement from the Air Force Surgeon General (SG) or designee. If the SG concurs in the diagnosis of a personality disorder, the MTF will notify the

Airman's Commander, and separation processing will be initiated IAW AFI 36-3208. Airmen will be counseled that the diagnosis of a personality disorder does not qualify as a disability.

4.8. The final report should be signed and the Commander notified of its completion in order for arrangements to be made in its safe and confidential delivery to the Commander. Members who desire a copy of the report will be referred to their Commander.

5. Exceptions

5.1. **Emergency CDE:** When information or circumstances indicate a military member is likely to cause serious injury to himself, herself, or others and when the facts and circumstances indicate that the member's intent to cause such injury is likely, and when the Commander on Gseries orders believes that the member may be suffering from a severe mental disorder, the member may be referred for evaluation without delay. All other questions from the Commander will be handled through the routine CDE process. MHPs will ensure that an emergency CDE is warranted, and the commander is aware of the limitations of an emergency CDE.

5.1.1. MHP will consult with the Commander to maximize the safety of the member during the referral process.

5.1.2. The clinical safety assessment to evaluate whether the member is a danger to self or others, may be accomplished by any privileged healthcare provider as promptly as possible in accordance with the urgency of the member's condition. Follow-up assessment to complete the CDE will be conducted by a qualified doctoral-level MHP as described in AFI 44-109.

5.1.3. The two (2) duty day waiting period from time of notice until time of the CDE does not apply to emergency referrals.

5.1.4. In case of an emergency, the written notification to the member by the Commander and the written request for a CDE by the Commander will be completed expeditiously, and unnecessary delay in evaluation will be avoided. Therefore, this documentation may be completed by the Commander subsequent to the evaluation. Emergency CDE by the after-hours on-call MHP will be conducted IAW SGOW OI 44-01, *Mental Health On-call Services.*

5.1.5. MHP will ensure the member understands the reason for the referral, the process of the emergency CDE and the limits of confidentiality. MHP will clearly differentiate between emergency CDEs, which are not voluntary and voluntary treatment of members who have presented to MH at the suggestion/encouragement of their command.

5.1.6. IAW DoDD 6490.1, a decision to admit the member for an inpatient CDE will be made by a provider privileged to admit psychiatric patients only when an outpatient CDE is not appropriate due to member posing danger to himself, herself and/or others, or if such evaluation cannot be reasonably provided in accordance with the least restrictive alternative principle. Providers will refer to AFI 44-109 and MDGI 44-134, *Assessment, Management, & Hospitalization of Behavioral Health Patients*, for additional guidance on emergency or involuntary MH evaluations.

STEVEN D. GARLAND, Brigadier General, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 44-109, *Mental Health and Military Law, 1 March 2000*

AFI 36-3206, *Administrative Discharge procedures for Commissioned Officers, 9 June 2004*

AFI 36-3208, *Administrative Separation of Airmen, 9 July 2004*

AFI 36-3212, *Physical Evaluation for Retention, Retirement, and Separation, 2 February 2006*

36MDGI 44-137, *Management of High Risk Patients, 5 November 2012*

SGOW OI 44-07, *Management of High Interest Patients, 1 November 2013*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

ADC—Area Defense Counsel

AFB—Air Force Base

AHLTA—Armed Forces Health Longitudinal Technology Application

CDE—Commander Directed Mental Health Evaluations

EPR—Enlisted Performance Report

LOC—Letter of Counseling

LOR—Letter of Reprimand

MFR—Memorandum for Record

MH—Mental Health

MHP—Mental Health Professional

MTF—Medical Treatment Facility

OPR—Office of Primary Responsibility

OPR—Officer Performance Report

PTSD—Post Traumatic Stress Disorder

RDS—Records Disposition Schedule

SG—Air Force Surgeon General